

identified from the departmental database for comparison. Mobilisation chemotherapy in all patients consisted of Cyclophosphamide  $2\text{gm/m}^2$ . Those given conventional subcutaneous G-CSF (Group 1) started  $5\text{mcg/kg}$  daily (rounded to vial size) on the day after cyclophosphamide and continued until mobilisation was complete. Those given subcutaneous Pegylated G-CSF (Group 2) were given a single  $6\text{mcg}$  dose 24 hours post chemotherapy. Harvest was deemed successful if the CD34 cell count in product was  $> 2.0 \times 10^6/\text{kg}$ . Data collected included product CD34 count, peripheral blood white cell count, CD34 count and CD34%, time (days) until harvest, number of apheresis, and the number of conventional G-CSF doses administered.

**Results:** Forty four patients (22 in each group) mobilised between 04/08/2008 and 26/04/2011 were identified. 29 were male and 15 were female with a median age of 60 years. There was no difference in mobilisation success (95% in both groups) with a median CD34 count of  $4.7 \times 10^6/\text{kg}$  in Group 1 and  $4.8 \times 10^6/\text{kg}$  in Group 2 ( $p = 0.9$ ). The median time to first apheresis procedure was 9 days in each group. Six patients in group 1 required a second day of apheresis, compared with 4 patients in group 2. Patients in group 1 received a median of 8 doses of G-CSF compared with one dose in group 2.

**Conclusions:** Pegylated G-CSF gives similar PBSC mobilisation success compared with conventional daily G-CSF when used with cyclophosphamide in patients with myeloma. This represents a cost saving with one Pegylated G-CSF  $6\text{mg}$  being the cost equivalent to 5 doses of conventional G-CSF.

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### A CENTER SPECIFIC GUIDE SUCCESSFULLY INFORMS PATIENTS ABOUT ALLOGENEIC STEM CELL TRANSPLANTATION

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Allogeneic hematopoietic cell transplantation (HCT) is a complex treatment which can be both life-saving and life-threatening. Excellent general resources exist to educate patients such as the National Marrow Donor Program (NMDP) and the Bone Marrow Transplant Infonet. However, we found that patients and their families coming to transplant continued to have fears and uncertainties about specific transplant details and logistics not addressed.

We developed the "Allogeneic Stem Cell Transplant Patient Guide" in 2009 with input across transplant team members and provided the booklet to all allogeneic transplant recipients. The booklet contains both general information as well as center specific information on the domains: stem cell transplantation overview, identifying a donor, participation in research studies, preparing for hospitalization, conditioning, preparing for the recovery phase and discharge, GVHD, infections, immunosuppressant and antimicrobial medications, long-term effects after transplant, and further resources for information and support.

To evaluate the utility of the Patient Guide, we prepared a survey instrument with responses rated from 1 to 5, where 1 was low and 5 was high. We sent surveys to 60 patients who were transplanted between April 2010 and September 2011. Of these 60 patients, 4 were too ill to complete the survey. Twenty eight (50% response rate) surveys were returned. Most patients had some knowledge about transplantation but all responders felt their knowledge had positively changed after reading the book. The patients found the guide was useful in preparing them for the transplant process and was clear and easy to understand as depicted in table 1.

Table 1. N = 28

Question related to Patient Guide	Mean	SD
Knowledge before guide	2.29	1.03
Increased knowledge about transplantation after guide	4.18	0.68
Guide useful in preparing for hospitalization	4.13	1.07
Guide useful in preparing for home care after transplant	4.35	0.75
Information easy to understand	4.55	0.57

Our center specific educational guide successfully informed patients about the specific transplant process at our center. In the future, we believe internet based resources will provide better and updated information.

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### RETENTION AND SATISFACTION ON BMT: AN EVIDENCE-BASED PRACTICE PROJECT

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**Background:** Registered nurse (RN) turnover represents a significant cost to the institution, as well as a burden to the remaining staff in training and replacing the RN. Bone marrow transplant (BMT) staff are constantly engaged in providing a therapeutic presence to support families and meet their needs throughout the transplant process. This process is intense and complex medically, emotionally, socially and spiritually for the families and the staff that care for them. Work-related stress on the BMT unit impacts nurse retention, job satisfaction, and quality of care.

**Clinical Question:** Among pediatric registered nurses in high acuity inpatient setting does having a staff psycho-social support program versus no support program, increase staff satisfaction? Increased staff satisfaction defined: decreased burnout, increased morale, increased retention, decreased turnover. Larrabee's (2009) Model of Evidence-Based Practice Change was used to guide this evidence-based practice project.

**Evidence Appraisal:** Search terms: job satisfaction, compassion fatigue, critical care, nursing, reflective supervision, secondary traumatization, support program, mentorship, burnout, Bone Marrow Transplant. Databases: MEDLINE, CINAHL, PsycINFO, and Cochrane. Search limits: articles printed in English. Questions sent to Listservs with little response.

**Synthesis of Evidence:** One expert opinion and two descriptive were applicable to the clinical question. Two of these studies describe a program and found the staff had low burnout and high job satisfaction (Sarantos, 1988 [5a], Molassiotis & Haberman, 1996 [4a]). The overall grade of the evidence was low. Three interventions in the literature could be incorporated into a support program: mentoring, grief support, and education on coping (Aycock & Boyle, 2009 [4a]).

**Recommendations:** There is insufficient evidence and lack of consensus in the literature. Recommend further research.

**Implementation/Evaluation:** A qualitative study using Madeleine Leininger's Theory of Culture Care and Universality will be implemented on BMT pending IRB approval. Focus groups of RNs, medical team, families, and support staff will be conducted. Transcripts will be analyzed for themes and an intervention will be designed to address the themes that emerge from the research. Internal data is also being collected on staff satisfaction and turnover.

## CLINICAL

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### PROMOTING PATIENT SELF-CARE ACROSS THE CONTINUUM

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In the Adult Bone Marrow transplant setting, patients are given a great volume of information regarding the transplant process, medications, and basic care needs that are essential to their successful transplant. As learning needs change for patients it is critical to understand which education points need to be highlighted more frequently. We implemented a behavior reinforcement tool on the inpatient transplant unit designed to put the patient in charge of their daily care needs such as mouth care, exercise, nutrition, etc. By instituting this tool on the inpatient unit, we hope patients will start to realize the importance of continuing these daily self-care needs in the outpatient setting when they are under less supervision by a formal caregiving staff, have more autonomy, and more supervision by informal caregivers. We also implemented an 'additional focus for today' section to write what needs to be re-educated based on the individual patient. The sheets are displayed on each patient's bulletin